



Pennsylvania Turnpike Commission
E-ZPass Customer Service Center
7631 Derry Street
Harrisburg, PA 17111
Attn: CSC

Expired Credit Card Notification

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SEAN COSGRIFF
16 DRIFTWOOD DR
NORRISTOWN PA 19403-1942



Account # 3032755
Ref: 36945256

05/20/2016

Dear E-ZPass Customer:

A recent review of your account indicates that the credit card you chose for automatic replenishment has expired or will expire soon. The credit card in question is: *****0768 MasterCard.

If you have received a new expiration date for the above card or would like to use a different credit card for auto replenishment, your account information needs to be updated. You may update your account by using any of the following methods:

- 1) Use our website at www.paturnpike.com/ezpass. Click in "Personal E-ZPass - Log In" box. Enter the required user name and password in the "Account Manager Login" section. In the Account Manager section on the left hand side of the screen, select the "Replenishment Payment Info" option. Scroll down to the "Primary Credit Card" or "Secondary Credit Card" section and enter your updated information. After you click on the "Update" button, your new information should be displayed in the Store Payment Information box of the Auto Replenishment screen.
- 2) Use our toll free telephone number, 1-877-PENNPASS (1-877-736-6727). At the prompts, select 1 for the Customer Service Center, and then 1 for existing customer. You will be prompted to enter your E-ZPass account # and PIN code. Select 1 to make changes to your account; and then select either 3 to update your expired credit card date, or 4 to replace the old Credit Card Information. Enter your information as requested by the prompts.
- 3) Use our toll free telephone number, 1-877-PENNPASS (1-877-736-6727). At the prompts, select 4 for the Accounting Department. Supply the Customer Service Representative with your credit card changes.
- 4) Complete the form below and return it to us at the above address or fax it to (717) 565-4313.

Failure to respond could result in the interruption of your E-ZPass privileges and/or possible collection activity!

Sincerely,

PTC E-ZPass Customer Service Center
Accounting Department

Name _____ PTC E-ZPass Acct 3032755

Credit Card Number _____ Exp Date _____
Visa MasterCard Discover AmEx

I authorize the PTC E-ZPass Customer Service Center to automatically charge the above credit card in the amount indicated on my account agreement whenever my account balance drops below \$10.00.

Signature _____ Date: _____